

Entered - 10/24/00 - sb  
CL 00L0684 - GWENDOLYN BURNS

00-R -1910

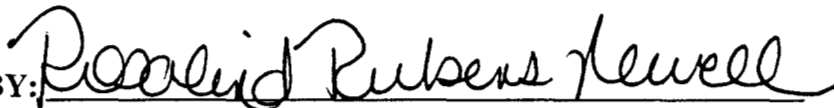
**CLAIM OF: FRANKLIN BAYOL**  
1288 Austell Road E7  
Marietta, Georgia 30008

For damages alleged to have been sustained as a result of a vehicular accident on August 27, 2000, at 921 Ralph David Abernathy Boulevard, SW.

BY PUBLIC SAFETY AND LEGAL ADMINISTRATION  
COMMITTEE:

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to **Franklin Bayol** the sum of **\$637.24** in full settlement and satisfaction of all claims, past, present and future, of every kind and character for damages alleged to have been sustained as a result of a vehicular accident on August 27, 2000, at 921 Ralph David Abernathy Boulevard, SW. as is more particularly set forth in the within claim; said sum taken from and charged to account 1A01/529017/T31001, Settlement of Suits and Claims, Department of Law.

**APPROVED: SUSAN PEASE LANGFORD**  
CITY ATTORNEY

BY:   
**ROSALIND RUBENS NEWELL**  
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0648

Date: November 16, 2000

Claimant /Victim FRANKLIN BAYOL  
BY: (Atty) (Ins. Co.) \_\_\_\_\_  
Address: 1788 Austell Road, #E-7, Marietta, Georgia 30008  
Subrogation: \_\_\_\_\_ Claim for Property damage \$ 697.59 Bodily Injury \$ \_\_\_\_\_  
Date of Notice: 10/13/00 Method: Written, Proper X Improper \_\_\_\_\_  
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X  
Date of Occurrence 8/27/00 Place: 921 Ralph David Abernathy Boulevard, SW  
Department POLICE Division \_\_\_\_\_  
Employee involved C. K. Walters Disciplinary Action: Pending Review

NATURE OF CLAIM: Claimant's vehicle sustained damage when it was struck a city vehicle that made an "improper U-turn". The city employee was cited for same.

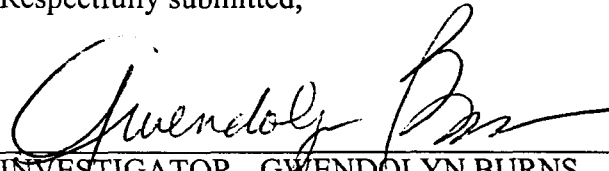
INVESTIGATION:

Statements: City employee \_\_\_\_\_ Claimant \_\_\_\_\_ Others \_\_\_\_\_ Written \_\_\_\_\_ Oral \_\_\_\_\_  
Pictures \_\_\_\_\_ Diagrams \_\_\_\_\_ Reports: Police X Dept Report \_\_\_\_\_ Other \_\_\_\_\_  
Traffic citations issued: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_  
Citation disposition: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial \_\_\_\_\_  
Improper Notice \_\_\_\_\_ More than Six Months \_\_\_\_\_ Other \_\_\_\_\_ Damages reasonable X  
City not involved \_\_\_\_\_ Offer rejected \_\_\_\_\_ Compromise settlement X  
Repair/replacement by Ins. Co. \_\_\_\_\_ Repair/replacement by City Forces \_\_\_\_\_  
Claimant Negligent \_\_\_\_\_ City Negligent X Joint \_\_\_\_\_ Claim Abandoned \_\_\_\_\_

Respectfully submitted,

  
INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ 637.24 Adverse \_\_\_\_\_ Account charged: 1A01 X 2J01 \_\_\_\_\_ 2H01 \_\_\_\_\_  
Claims Manager:  Concur/date 11-17-00  
Committee Action: \_\_\_\_\_ Council Action \_\_\_\_\_

COUNCIL OF THE CITY OF ATLANTA  
MUNICIPAL CLERK  
City Hall  
55 Trinity Avenue, S.W.  
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 10/27/00

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ \_\_\_\_\_ property and/or \$ \_\_\_\_\_ bodily injury for which I contend the City is liable.

1. Date of incident: 08/27/00 2. Time of Incident: 18:15 3. Police called: ✓  
(month/day/ year) Yes No
4. Location of incident (including street address): 921 RALPH D. ABERNATHY BLVD SW
5. Name of your insurance company: ATLANTA CASUALTY Policy No. 06287550
6. State what and how incident occurred: WE WERE BOTH TRAVELING WESTBOUND AND POLICE CAR WAS ON THE RIGHT LANE, WE HAD GREEN LIGHT WAITING FOR ANOTHER POLICE CAR TO PASS BY WHEN POLICE CAR JUST TURNED WITH NO SIREN OR LIGHTS.
7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!
8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).
- Your vehicle: BUICK 1993 EQ514E BAYOL FRANKLIN  
(Make) (Year) (Tag Number) (Driver's Name)
- City vehicle: \_\_\_\_\_  
(Make) (City Driver's Name) (Department/Bureau)
9. Witness: \_\_\_\_\_  
(Name) (Address) (Telephone Number)
10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).
11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Signature of Claimant

00-R-1910

BAYOL FRANKLIN  
(Print Claimant's Name)  
1788 AUSTELL RD E7  
(Address)  
MARIETTA GA 30008  
(City, State and Zip Code)  
7709523292 7704310245  
(Work Number) (Home Number)